

Somerset Northern Bypass Study Comment Sheet

Public Information Meeting, May 14, 2002

• **Please Circle All The Descriptions That Apply To You**

| | | |
|----------------------------|-------------------|------------------------|
| Residential Property Owner | Business Operator | Farm Tenant |
| Residential Tenant | Business Employee | Other (please specify) |
| Business Owner | Farm Owner | _____ |

• **Please Indicate The Location Of Your Residence, Business, And/Or Farm**

• **Please Mark The Appropriate Box (mark ONE box only)**

I favor:

- | | |
|---|--|
| <input type="checkbox"/> The North Bypass Alternate <input type="checkbox"/> The South Bypass Alternate <input type="checkbox"/> The Crossover Alternate (utilizes parts of both) | <input type="checkbox"/> Upgrading and expanding the existing Cumberland Parkway/KY 80 to a six-lane interstate-type highway <input type="checkbox"/> Construction – but have no preferred alignment <input type="checkbox"/> The No-Action (No-Build) alternative |
|---|--|

• **Please circle the appropriate number (representing your feelings) for EACH option**

| | Acceptable | Somewhat Acceptable | Uncertain | Somewhat Unacceptable | Completely Unacceptable |
|--|------------|---------------------|-----------|-----------------------|-------------------------|
| The North Bypass Alternate | 5 | 4 | 3 | 2 | 1 |
| The South Bypass Alternate | 5 | 4 | 3 | 2 | 1 |
| The Crossover Alternate (utilizes part of both) | 5 | 4 | 3 | 2 | 1 |
| Upgrading and expanding existing Cumberland Parkway/KY | 5 | 4 | 3 | 2 | 1 |
| The No-Action (No-Build) alternative | 5 | 4 | 3 | 2 | 1 |

• **Please Use This Space For Additional Suggestions Or Comments (use additional sheets if necessary)**

• **Please Include Your Name, Address, And Phone Number (optional)**

Name : _____ Phone _____

Address: _____

(comments will be accepted until June 1, 2002)

Somerset Northern Bypass Study Comment Sheet

Public Information Meeting, August 22, 2002

• **Please Circle All The Descriptions That Apply To You**

Residential Property Owner
Residential Tenant
Business Owner

Business Operator
Business Employee
Farm Owner

Farm Tenant
Other (please specify)

• **Please Indicate The Location Of Your Residence, Business, And/Or Farm**

• **Please Mark The Appropriate Box (mark ONE box only)**

I favor:

- | | |
|---|--|
| <input type="checkbox"/> The North Bypass Alternate <input type="checkbox"/> The South Bypass Alternate <input type="checkbox"/> The Crossover Alternate (utilizes parts of both) | <input type="checkbox"/> Construction – but have no preferred alignment <input type="checkbox"/> The No-Action (No-Build) alternative |
|---|--|

• **Please circle the appropriate number (representing your feelings) for EACH option**

| | Acceptable | Somewhat Acceptable | Uncertain | Somewhat Unacceptable | Completely Unacceptable |
|---|------------|---------------------|-----------|-----------------------|-------------------------|
| The North Bypass Alternate | 5 | 4 | 3 | 2 | 1 |
| The South Bypass Alternate | 5 | 4 | 3 | 2 | 1 |
| The Crossover Alternate (utilizes part of both) | 5 | 4 | 3 | 2 | 1 |
| The No-Action (No-Build) alternative | 5 | 4 | 3 | 2 | 1 |

• **Please Use This Space For Additional Suggestions Or Comments (use additional sheets if necessary)**

• **Please Include Your Name, Address, And Phone Number (optional)**

Name : _____ Phone _____

Address: _____

(comments will be accepted until September 9, 2002)